

## Recommended Immunization Schedule for Persons Aged 7–18 Years—UNITED STATES • 2007

Vaccine ▼	Age ►	7–10 years	11–12 YEARS	13–14 years	15 years	16–18 years
Tetanus, Diphtheria, Pertussis <sup>1</sup>	<sup>see footnote 1</sup>	<b>Tdap</b>			<b>Tdap</b>	
Human Papillomavirus <sup>2</sup>	<sup>see footnote 2</sup>		<b>HPV (3 doses)</b>		<b>HPV Series</b>	
Meningococcal <sup>3</sup>		<b>MPSV4</b>	<b>MCV4</b>	<b>MCV4<sup>3</sup></b>	<b>MCV4</b>	
Pneumococcal <sup>4</sup>			<b>PPV</b>			
Influenza <sup>5</sup>			<b>Influenza (Yearly)</b>			
Hepatitis A <sup>6</sup>				<b>HepA Series</b>		
Hepatitis B <sup>7</sup>					<b>HepB Series</b>	
Inactivated Poliovirus <sup>8</sup>					<b>IPV Series</b>	
Measles, Mumps, Rubella <sup>9</sup>					<b>MMR Series</b>	
Varicella <sup>10</sup>					<b>Varicella Series</b>	

Footnotes begin on page 222.

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2006, for children aged 7–18 years. Additional information is available at <http://www.cdc.gov/nip/recs/child-schedule.htm>. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible.

Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at <http://www.vaers.hhs.gov> or by telephone, **800-822-7967**.

## Footnotes

**1. Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).** (*Minimum age: 10 years for BOOSTRIX® and 11 years for ADACEL™*)

- Administer at age 11–12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoids vaccine (Td) booster dose.
- Adolescents aged 13–18 years who missed the 11–12 year Td/Tdap booster dose should also receive a single dose of Tdap if they have completed the recommended childhood DTP/DTaP vaccination series.

**2. Human papillomavirus vaccine (HPV).** (*Minimum age: 9 years*)

- Administer the first dose of the HPV vaccine series to females at age 11–12 years.
- Administer the second dose 2 months after the first dose and the third dose 6 months after the first dose.
- Administer the HPV vaccine series to females at age 13–18 years if not previously vaccinated.

**3. Meningococcal vaccine.** (*Minimum age: 11 years for meningococcal conjugate vaccine [MCV4]; 2 years for meningococcal polysaccharide vaccine [MPSV4]*)

- Administer MCV4 at age 11–12 years and to previously unvaccinated adolescents at high school entry (at approximately age 15 years).

- Administer MCV4 to previously unvaccinated college freshmen living in dormitories; MPSV4 is an acceptable alternative.
- Vaccination against invasive meningococcal disease is recommended for children and adolescents aged  $\geq 2$  years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups. See *MMWR* 2005;54(No. RR-7):1–21. Use MPSV4 for children aged 2–10 years and MCV4 or MPSV4 for older children.

**4. Pneumococcal polysaccharide vaccine (PPV).** (*Minimum age: 2 years*)

- Administer for certain high-risk groups. See *MMWR* 1997;46(No. RR-8):1–24, and *MMWR* 2000;49(No. RR-9):1–35.

**5. Influenza vaccine.** (*Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 5 years for live, attenuated influenza vaccine [LAIV]*)

- Influenza vaccine is recommended annually for persons with certain risk factors, health-care workers, and other persons (including household members) in close contact with persons in groups at high risk. See *MMWR* 2006;55 (No. RR-10):1–41.
- For healthy persons aged 5–49 years, LAIV may be used as an alternative to TIV.
- Children aged  $<9$  years who are receiving influenza vaccine for the first time should receive 2 doses (separated by  $\geq 4$  weeks for TIV and  $\geq 6$  weeks for LAIV).

**6. Hepatitis A vaccine (Hep A). (*Minimum age: 12 months*)**

- The 2 doses in the series should be administered at least 6 months apart.
- HepA is recommended for certain other groups of children, including in areas where vaccination programs target older children. See *MMWR* 2006;55 (No.RR-7):1–23.

**7. Hepatitis B vaccine (Hep B). (*Minimum age: birth*)**

- Administer the 3-dose series to those who were not previously vaccinated.
  - A 2-dose series of Recombivax HB® is licensed for children aged 11–15 years.
- 8. Inactivated poliovirus vaccine (IPV). (*Minimum age: 6 weeks*)**
- For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if the third dose was administered at age  $\geq 4$  years.
  - If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.

**9. Measles, mumps, and rubella vaccine (MMR). (*Minimum age: 12months*)**

- If not previously vaccinated, administer 2 doses of MMR during any visit, with  $\geq 4$  weeks between the doses.

**10. Varicella vaccine.** (*Minimum age: 12 months*)

- Administer 2 doses of varicella vaccine to persons without evidence of immunity.
- Administer 2 doses of varicella vaccine to persons aged <13 years at least 3 months apart. Do not repeat the second dose, if administered  $\geq 28$  days after the first dose.
- Administer 2 doses of varicella vaccine to persons aged  $\geq 13$  years at least 4 weeks apart.